In this issue: Dentistry Organized for Preparedness



Greater New York Meeting, New York City, December 2-6

ORAL HYGIENE

NOVEMBER, 1940



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The Publisher's CORNER

By MASS Number 233

THE CORNER WELCOMES A VISITOR

The CORNER was visited last month by Dr. José R. Quiroga of La Paz, Bolivia. Doctor Quiroga is here on a good-will mission from his country. In March, at Baltimore, as the delegate of the Bolivian dental profession, he presented a bronze plaque to the Baltimore College of Dentistry during the celebration of the Centenary of Dentistry. The doctor is president of the Bolivian Dental Association, chief of the Bolivian Army Dental Corps, and a professor at the University of San Andres. He has been in this country for nearly a year, and has devoted part of his stay here to postgraduate work at New York University.

Doctor Quiroga's mission in Bolivia's behalf will cement even more firmly the friendship of our two countries. It is typical of the spirit which proves that the profession knows no boundary lines, and it exemplifies the truth which our own Spanish Oral Hygiene has so frequently emphasized: that the dentists of North America and the dentists of Latin America are a united group, pursuing the same objectives, eager to help each other.

There is a growing movement in this country to plan for more active cooperation between our own profession and the profession in Latin America's twenty nations. Doctor Quiroga's work here will help the progress of this movement. His attractive personality, his intellectual attainments, his deep and understanding interest in dentistry's scientific achievements, make him welcome everywhere.

Here at Oral Hygiene, we were delighted to have him come to see us, to meet in person, as we seldom do, a reader of the magazine's Latin-American edition, which he confesses to having read regularly for the more than ten years it has been published.

Another reader confession came in the mail. Dr. Norman B. Nesbett of Belmont, Massachusetts (who needs no introduction to the other habitués of this department), writes that "As a firstnumber reader of ORAL HYGIENE, I can truthfully admit that I have read every one of your CORNERS from No. 1. I take pride in the fact, and also in the fact that I have been in dental practice for 41 years. Many of my good dental friends are gone, but not forgotten: Bill Taggart, Hart Goslee, C. N. Johnson, E. C. Kirk, Bill Tracy, Rod Ottolengui, Bill Giffin, Rupert Hanau, George Phillips, George Winter, and many others.

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Dr. Jose R. Quiroga, at the right, presents the bronze plaque of the Government of Bolivia to the Baltimore College of Dentistry represented by, left to right, Herbert R. O'Conor, Governor of Maryland; Dr. H. C. Byrd, president of the University of Maryland; and Dr. B. Lucien Brun, general chairman of the Dental Centenary Celebration.

"It is because of the valued friendship of those men-and the help and inspiration their lives have proved to me-that I am writing this to you." Of this department's chapter No. 229, he writes: "I wonder how many will see eye to eye with us. For more than a year now, and more especially recently, I have been stating on every occasion that, come what will, sooner or later, Hitler and all he stands for are riding for a terrible fall . . . Indeed, I believe sincerely, as you do, that "battles are first lost or won in the minds of men.' "

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Another letter carries the confession of Dr. T. P. Mullins of Chadron, Nebraska, that he, too, is a member of this department's faithful little band, and "an inveterate reader of O.H." It's a small world: Doctor Mullins writes, "Now I receive one of my happiest surprises and most

pleasant thrills from that same O.H. when I read the August and September articles by Dr. Travis E. Kallenbach.

"The Colonel Mullins to whom Doctor Kallenbach refers is my brother, who finished at West Point and entered the Army the same year (1917) that I graduated from Creighton Dental and entered the practice of dentistry. Colonel Mullins is from a family more or less 'army', including the Revolution and the Civil War. Dr. Charles L. Mullins, our father, was captain in the Medical Corps in the Philippines during the Spanish-American war. Colonel Charles L. Mullins, Jr., is now serving in Managua, Nicaragua. Cadet Charles L. Mullins, IV, my son, is first classman in the U.S. Military Academy at West Point. We of the family are proud of the record of our Colonel, and the paragraphs concerning him are greatly appreciated."

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An appointment a month or two sooner would have saved a tooth and avoided the severe pain which has driven her in desperation to seek the aid of her dentist. But she is a typical *emergency patient*; one of the millions whose fear of dental treatment keeps them out of dental offices.

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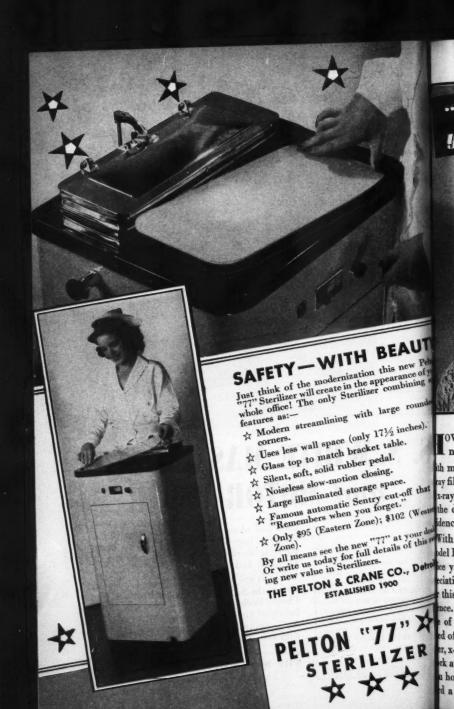
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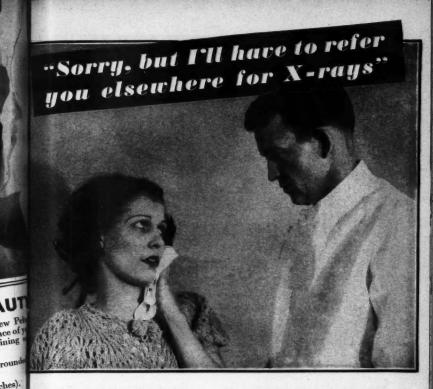
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Nor is eye appeal the only claim to distinction in the S. S. White Master Unit and Motor Chair. Each is built to match the working habits of you and your assistant in all operating positions, for more and better production with less effort on your part.

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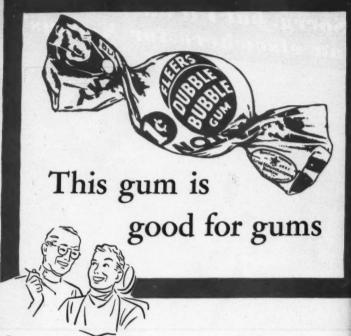
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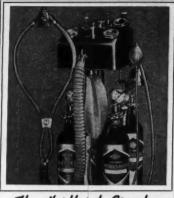


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DISCOURAGES FEAR
BY PREVENTING PAIN

DREAD of dentistry brings a patient to the chair nervous, tense, fearful of being hurt.

You know how true this is. And like many other dentists, you probably use Novocain with Cobefrin routinely to prevent pain and contribute to your patients' comfort and satisfaction. It is easy, when teeth are cleaned and examined, to explain that needed operative or restorative work will not be painful—and just as easy to prove it by proper pain control with Novocain with Cobefrin.

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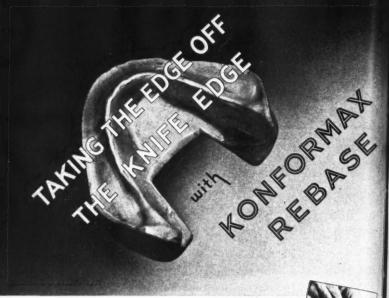
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ous. It provides anesthesia sufficiently prolonged to permit extractions, sensitive cavity preparations, many minor surgical operations. It is generally well-tolerated. It reduces the possibility of unpleasant post-operative effects to a gratifying minimum.

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NOVEMBER 1940

Eduard J. Ryan
B.S., D.D.S.

ASSISTANT EDITOR
Marcella Hurley
B.A.

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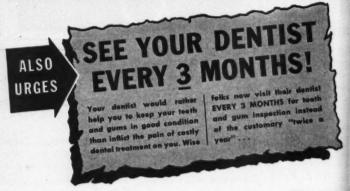


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Forhan's, the original formula of Dr. R. J. Forhan, has enjoyed professional recommendation for over 20 years. Won't you please indicate Forhan's Toothpaste as an adjunct to dental care?

Clinical samples sent upon request to Forhan's, New Brunswick, N. J.

FREE To your patients: a 50¢ Forhan Gum Massager will be sent any patient if they send us empty carton of large size Forhan's Toothpaste



Nation-Wide Survey of Dentists Will Aid Defense

OVERSHADOWING ALL other considerations at the Centennial Meeting of the American Dental Association was the concern of dentists over what part they would play in the national defense program. A plan to mobilize the dental forces of the nation was presented by the Committee on Dental Preparedness, discussed, and accepted promptly by the House of Delegates. Essence of the plan is a nation-wide survey to be made of dentists. and to finance this project \$25,000 was appropriated by the Association at the Cleveland meeting. The first and most important step in this plan has now been taken. Nearly 75,000 questionnaires were sent out early in October in an attempt to reach all dentists registered in the United States and its possessions.

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From the questionnaire, the Association expects to obtain complete information on the dental personnel of the nation and its ability to serve the military and civil needs of the country. Through a working relation-

ship with a tabulating company, the Committee on Dental Preparedness intends to make the data on these questionnaires available to the War Department in the shortest possible time. As it is the first complete survey ever made of dentists, the Association hopes also to obtain from it valuable information to use as a basis for publishing a complete directory of dentists. For his own benefit, as well as that of the country and the Association. every dentist should answer his questionnaire and send it back by return mail to the Central Office in Chicago. If any dentist does not receive a questionnaire, he should request it at once from the American Dental Association. and it is the responsibility of each dentist to see that his friends, who are non-members of the Association, send for their questionnaires. In the opinion of the Committee on Dental Preparedness, it is essential that the capabilities and potentialities of all dentists be listed in this permanent record.

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Interest of the War Department will center around the answers to the question: "If you are beyond the age of 21 and have not reached the age of 36, will you volunteer for immediate active dental military service under the present mobilization program?" It is the hope of the Committee on Dental Preparedness that a sufficient number will volunteer so that no dentist will have to be conscripted in order to take care of dental needs.

The present conscription law will be in effect up to and including 1945 and, if enough dentists between the ages of 21 and 35 volunteer, it will not be necessary to disturb the men who have been many years in practice and can best serve the needs of the civil population.

It is estimated that the number of dentists needed immediately in connection with the conscription law is 2500. Those who volunteer for one year of service will serve part of the time as dentists, and will also receive training with the combat division. They must learn how to practice dentistry under military and field conditions to become qualified as dental officers.

As approximately 2000 were graduated from dental schools last year, it is anticipated that there will be many volunteers among this group. Recent graduates of dental schools are eligible for commissions as First Lieutenants at approximately \$2500 a year. If they volunteer, they can discharge their obliga-

tion in a year and enter private practice, in the event that there is no war.

Exemptions

The status of dental students under the conscription law was much discussed at the Cleveland Meeting. Although the Committee on Dental Preparedness approved the national defense program, in principle, it felt that action should be taken on the matter of exemptions for dental students. The Committee reported that, upon the request of Doctor Leroy M. S. Miner, Chairman of the Council on Dental Education, they had petitioned the Senate and the House Military Affairs Committee and the Surgeons General of the Army and Navy to grant to pre-dental students and dental students deferred classification. These men they pointed out, "would be more valuable to the government in time of national emergency, if permitted to finish their professional courses, and dental education and dentistry in the United States would otherwise suffer tremendously."

Although deferred classification has not been included in the conscription law, the Committee was of the opinion that this matter would be taken care of through selective service regulations to be issued later by the President.

To illustrate the extent of the plans for the mobilization of dental forces among the school and other dental organization 1940

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Every dentist is urged to

cooperate wholeheartedly

in the important dental

survey described here. The

questionnaire should be

filled out and returned the

day it is received. Anyone

who does not receive a ques-

tionnaire, whether he is a

memberoranon-memberof

the American Dental Asso-

ciation, can obtain one im-

mediately by sending a

request to the Committee

on Dental Preparedness,

American Dental Associa-

tion, 212 East Superior

Street, Chicago.

in cooperation with the Red Cross and national defense committees, a splendid map entitled "Dentistry Organized for Preparedness," was exhibited in the Health and Scientific Exhibits. This map, prepared by the American Red Cross under the supervision of the American Dental Association, is reproduced in Oral Hygiene

this month as an indication of the scope of the national plan.

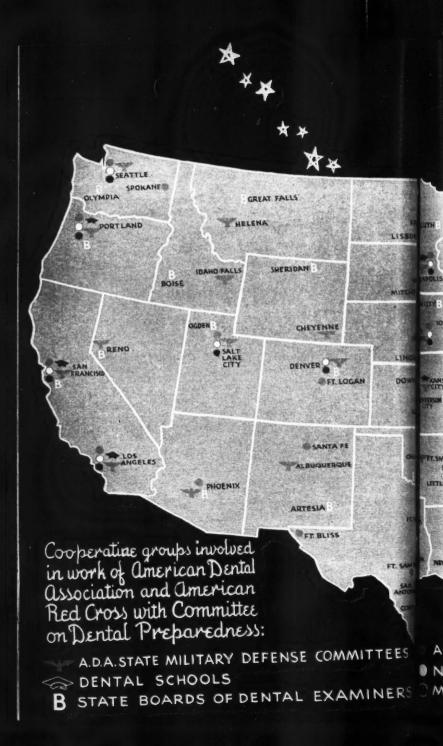
Immediately following the Cleveland Meeting it was possible to set forces in motion for the dental survey of the country and to take other constructive measures for cooperating with the War Department, only because of months of preliminary work of the Committee on Dental Pre-

paredness of the American Dental Association, which was appointed in December, 1939, at the request of Brigadier General Leigh C. Fairbank. Chairman of this Committee is C. Willard Camalier of Washington, D. C., and Gerald D. Timmons of Chicago is the secretary. After the national committee had been set up and functioning for some time, it became evident to the members

that some way must be found to secure the cooperation of committees in each state to whom questions about the ability of men in their locality could be referred as well as other matters for which specific local knowledge was important. As a consequence, a military affairs committee was appointed by each

state society to cooperate with the Committee on Dental Preparedness. Referring questions about the ability of dentists back to their local committee will. it is believed, assure a high and uniform quality of dental service in the Army and Navy. These committees will also be asked to cooperate with the Surgeons General of the Army and Navy in a program to re-

duce the percentage of rejections among volunteers, who would be called in the draft. With the cooperation of these state committees, another important part of the preparedness program will soon be under way. At the suggestion of the War Department, outlines for the study of military dentistry, which will be adaptable for study club programs, are being prepared. This will enable



Dentistry Organized for PREPAREDNESS

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men who are not serving in the armed forces to equip themselves to serve in case an emergency should arise.

An indication that the American Dental Association took the initiative in making this preparedness program possible and offering its services to the national government, more than a year ago, is contained in a letter to Doctor Arthur H. Merritt, written on July 6, 1940, by Major General James C. Magee, The Surgeon General of the U. S. Army:

"Nearly a year ago, you and several other representatives of the American Dental Association called on me and generously offered the assistance of the dental profession in the National Defense Program. At that time there appeared but little to be done. Today, however, there are many ways in which the American Dental Association can assist the Army in the procurement of

professional personnel for the Dental Corps, and with its problems concerning the dental health of the Army."

Besides suggesting the survey of the dental profession, Major General Magee recommended that the American Dental Association maintain a numerical roster of availability by states; that the War Department, Corps Areas, or regional officers be able to call upon the American Dental Association for dentists by specialties, as and when required; and each state would be expected to supply its quota of dentists. In the quotas, it was his suggestion that credit would be given for sponsored units, and preference would be given to reserve officers whenever their qualifications warrant. This plan would distribute the professional load and, if properly administered, should prevent the stripping of rural and isolated communities of their dental personnel.

COMMITTEE ON DENTAL PREPAREDNESS

C. WILLARD CAMALIER, Chairman Washington, D. C.

C. G. Brooks New London, Connecticut

EDWARD H. BRUENING Omaha, Nebraska

H. O. LINEBERGER Raleigh, North Carolina J. T. O'ROURKE Louisville, Kentucky

J. BEN ROBINSON Baltimore, Maryland

LEUMAN M. WAUGH New York, New York

Gerald D. Timmons, Secretary Chicago, Illinois 1940

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Comments on the Preparedness Program:

Brigadier General Leigh C. Fairbank:

Speaking at the Cleveland Meeting, he said that the plan for dental preparedness presented to the House of Delegates was "absolutely essential for the solution of the many problems involved in obtaining sufficient and efficient dental service for the men called to defend the country." He pointed out that the 500 dentists now serving the army must be increased to 3000 to meet the needs of the training program. As to the Dental Reserve Corps, he said that there are now 4600 officers in it, and these will be drawn upon first. "However," General Fairbank added, "those with the rank of major, lieutenant colonel and colonel propably will not be called. We want young men in our training program. We want them to grow up with it. We want them to be physically fit to carry on under the stress of whatever crisis may come."

With reference to dentists of military age who do not volunteer or apply for commissions in the Dental Corps, General Fairbank had this to say: "Those men will be drafted as privates, and they will not practice any dentistry while they are privates. They will do the same drills and the same work as all other privates."

Lieutenant A. H. Grunewald, U. S. Naval Dental Corps:

Respecting the dental preparedness program, Lieutenant Grunewald told the dentists at Cleveland that civilian dentists and the U. S. Naval Dental Corps are cooperating closely, with increased interest on both sides. In discussing current developments, he revealed that the present active list in the Naval Dental Corps includes 327 dental officers, with 28 reserve officers now on active duty. "At present," he added, "there are 100 dental officers in 80 ships, plus 28 on the Asiatic station and other foreign shore duties . . . The number of ships in commission is slightly under 500, hence it is evident that many ships do not have a dental officer, while one has as many as three. The hospital ship, Relief, has three dental officers, whereas the large plane carriers and tenders, as well as the Utah and Medusa, have two each. Other ships which have dental service carry but one dental officer.

"Dental officers of the Navy, both at sea and ashore, enjoy the same privleges as other Staff or Line officers of equal rank. The tenure of office in the Dental Corps is for life, unless sooner terminated by removal, resignation, disability or failure to be selected for promotion. The annual pay and allowances, upon appointment, amount to \$2,699 for an officer without dependents and \$3,158 for an officer having dependents. The maximum salary attainable, including allowances, is \$7,200 annually."

Gerald D. Timmons, secretary of the Committee on Dental Preparedness:

"The Dental Preparedness Committee will serve as a clearing house in connection with the military affairs committees of each state. This Committee will have a three-fold responsibility, first to the country for the benefit of which adequate and accurate dental statistics must be furnished the War

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Department; second, to the people in rural districts, which must not be depleted of dentists; and third to the profession at large, whose standards must be maintained by the proper placing of each dentist.

Opinions Asked

At the Cleveland Meeting the Editor of Oral Hygiene asked dentists to express their personal opinions on the following questions regarding the relation of the dental profession to the compulsory military service law:

- 1. Should dentists and dental students be exempt or be given preferred classification under the compulsory military service law?
- 2. Should persons rejected for selective military service because of dental defects be required to have such defects corrected immediately and at their own expense to make them eligible for service?
- 3. Should adequate dental care for all registrants under conscription be undertaken by the federal government?
- 4. Do you believe that private practitioners should furnish dental care for conscripts and the services be paid for by the government? If so, should this be done on a fee basis, capitation basis, or salary basis?

These answers have been selected as a reflection of opinion in different sections of the country:

Leslie Warburton, Salt Lake City Utah: "Preferred classification should be reserved for the Dental Corps; persons rejected because of dental defects should not be required to have corrective treatments at their own expense; adequate dental care for all registrants under conscription should be undertaken at the expense of the federal government; and private practitioners should furnish dental care for conscripts, the services being paid for by the government on a combination of fee and salary basis."

Irving R. Hardy, New York City: "Dentists and dental students should be given preferred classification; the federal government should pay the cost of corrective treatments of men rejected for dental defects; but the service should not be done by private practitioners, but rather taken care of by expanding the Dental Corps of the Army to enable it to take care of all men conscripted."

George W. Wilson, Milwaukee: "Preferred classification should be given to dentists and dental students; dental defects which have caused a man to be rejected should be corrected at his own expense to make him eligible for conscription; the federal government should not stand the expense of such service, because it would be too costly and establish a dangerous socialized type of service; private practitioners ought to condition these patients in their private offices, and charge the regular fee; or, when feasible, at the discretion of the dentist, do it without any charge."

Walter Scherer, Houston, Texas: "I believe dentists and dental students should be given preferred classification; the decision as to the reconditioning of those registrants rejected because of dental defects should be left to the discretion of the Medical Advisory Board as it was in the last draft; the federal government should not finance the cost of adequate dental care for all registrants under conscription."

Vern D. Irwin, Minneapolis: "Dental students should be exempt under the conscription law and dentists should enlist in the Reserve Dental Corps to be called upon when needed for professional service; persons rejected because of dental defects should, if possible, be required to have corrective treatments at their own expense, unless they are in the indigent class; the federal government should not bear the cost of adequate dental care for all registrants; in the case of the indigent or near-indigent the government should furnish money for dental treatments needed by conscripts through social security agencies already established in every state, as an auxiliary function of one of those agencies, such as Aid to Dependent Children, Old Age Assistance, Crippled Children, or U. S. Public Health Service."

Paul H. Belding, Waucoma, Iowa: "Under the new conscription law I believe that dentists and dental students should be given preferred classification; persons rejected because of dental defects should not have to pay for the correction of these defects to make them eligible for service; the federal government should stand the cost of adequate dental care for all registrants, with private practitioners giving the service on a fee basis."

DENTISTS TO AID NATIONAL FITNESS PROGRAM

To draft a program for "toughening up America" physically to meet the realities of a world at war, President Roosevelt plans to call a conference of physical educators and dental and medical experts soon after the November election. It is proposed to make physical training the basis of the program for the entire nation, which will be voluntary in all details, and supervised from Washington by John B. Kelly, a Philadelphian who twice was Olympic sculling champion. With a view to building national stamina from the bottom up, there will be a specific health program designed for the schools, another for young men and women up to the age of 25, and one for adults from 18 to 60. For women, a major part in the program is being planned, including training in dietetics, home nursing, and first-aid, as well as a part in the organized calisthenics.

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ARE WOMEN WELCOME IN DENTISTRY?

by MARGUERITE McCLAIN

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DESPITE THE NINETEENTH amendment, with its accompanying insinuation of the possibility that a woman might have a brain, three parts condescension and one part actual scorn are likely to greet a member of the deadlier specie when she dares to invade some man-made realm. Womendriver jokes are stock favorites. not because they are particularly funny, but because the menbless their hearts-love 'em, and women steelworkers and bronco busters, who no doubt take their work with deadly seriousness, are viewed by the general public as something that exists only to round out the

Just where women dentists came in this category, I wasn't quite sure. I had never seen one in the flesh. and had only the vaguest idea such creatures existed. So when I was requested by ORAL HY-GIENE to inter-

news-reels.

view Doctor Dagny I. Just, one of two women dentists in Minneapolis, I accepted with alacrity. I was quite sure Doctor Just would have some well-crystallized opinions regarding *her* entrance into the man-made realm of dentistry. And, sure enough, she did

In our telephone conversation Doctor Just had informed me that her home and office were combined, so when I was ushered into a long, pleasant, fireplace-at-one-end living-room, with vistas of equally pleasant rooms beyond, I wasn't a bit surprised. Nor was I surprised to discover the second story devoted to her prac-

tice. From a woman's point of view, this seemed an entirely logical arrangement.

In her conventional white uniform, her trim, prematurely gray hair, Doctor Just so precisely typified a capable hygienist or assistant that, a my annoyance

In answer to a question on a girl's chance of success in dentistry today, Doctor Just replied: "If she decides to specialize in children's dentistry, she may go far. If she goes into general practice, and is capable and charming, has perseverance, pluck, and ability, she is fairly certain of retaining a steady flow of both men and women patients."

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I found myself addressing her as "Miss Just." (Which just goes to show you what stupid things I can do on the faintest provocation.)

However, we both laughed it off (I in a slightly strained key) and I was given my choice of "first or second floor" for the interview. I decided on the second, because dental reception rooms always seem singularly restful if your teeth are in good repair, and besides—a business rather than a social setting seemed more appropriate for the occasion. So it was in the sunny waiting office, sandwiched between her laboratory and operating room, that the story of this woman dentist was unfolded to me.

Dagny Just (for she still uses her maiden name in her practice) was bitten by the "dental bug" at the age of twelve—when she visited her mother's sister in Oslo, Norway. This aunt, Doctor Gunda Frydenlund, was a dentist of high repute—in fact, all members of the dental profession are held in great regard in the Scandinavian countries — and during the World War took care of the late Queen Maud.

The Oslo visit lasted a year, but the idea of becoming a dentist persisted way into high school.

"When I was a high school senior, I had a talk with Alfred Owre, Dean of the University of Minnesota," explained Doctor Just, "and he advised me to take a year of manual training to help me gain more manual dexterity. So, into the South High workshop

I went—my first experience as a minority member of a group.

"The next fall I enrolled in the dental college at the University of Minnesota . . . "

"And your troubles began?"

Doctor Just smiled. "On the contrary, the attitude among the men students was exceedingly friendly. You see, there were five of us girls in the class of '17—the largest class of women dental students Minnesota has ever had, and we sort of stuck together. Nobody dared to buffalo us!"

"And I imagine the instructors catered to you—helped push things along."

"They certainly did not," retorted Doctor Just indignantly, "we were expected to produce the same standards of work as the men, no more—no less. An eyelash flutter never accomplished much there."

"Then, when you graduated, did you find it difficult breaking into actual practice?"

"Not at all. I had two immediate offers to assist with an already established practice, and finally decided to go in with Doctor Juell, who later served on the Minneapolis school board. Doctor Juell was ill a great deal of the time, so I virtually took over in every capacity.

"And now," she added with a grin, "is when my troubles began! The men patients were fine, but the women patients soon gave me to understand that my services were distinctly not wanted! Many a woman walked off in a dudgeon when she spied me



Doctor Dagny Just (Minneapolis Tribune Photograph)

behind the explorer. I guess the climax came the day one dear soul became hysterical and screamed, 'Keep your big hands out of my mouth-you, you jobstealer!' It sounds funny now, but it was terribly discouraging

then. Sometimes I wished that aunt in Norway had run an elevator-or sold peanuts."

"How did you manage to overcome this lack of confidence?"

"I don't think it was lack of confidence in me," replied Doctor

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Just frankly. "It sounds terribly silly, but honestly I think most of those women simply thought it more thrilling to discuss their dental troubles with a man. In fact, I think this fancy on the part of so many women handicaps a woman dentist more than does anything else."

In answer to my query as to how her colleagues accepted her, she replied promptly, "Not too well, at first. During the early months of my career Doctor Hulda Berger, another Minnesota graduate, who is now practicing in New York, and I summoned up enough courage to attend a Minneapolis district meeting. The reception was terrific! Throughout the entire meeting, a gruff masculine voice behind us could be heard demanding in stage whispers, 'Who let those women in here?' It embarrassed us so, we never went there any more, at least not for a long, long time.

"Somehow or other, the Saint Paul society heard of our plight, and invited us to attend their meetings. And we did, for years —very gratefully."

"What do you think is the general attitude toward a woman dentist today?"

"It is hard for me to say," answered Doctor Just. "Naturally I don't encounter the same difficulties in my own office that I did when I was working for someone else. My women patients expect to find just me in the office, and seem to be very well satisfied. Those who prefer a man dentist go somewhere else. And

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I sincerely try at all times to display a friendly interest in their problems that will help to counter-balance the rugged charms of my masculine competitors."

"But doesn't this attraction work vice-versa? Aren't there any men who prefer the soft touch of a woman dentist?"

"Not as far as I can see," said Doctor Just frankly. "My men patients are staidly dignified individuals, who dutifully come up to me because their wives tell them to. The fact that I'm a woman doesn't seem to bother them a bit one way or the other."

It was with evident disappointment that I learned that Doctor Just's marriage was not the culmination of a dentist-patient romance. Truth in so many cases falls short of fiction. To console me, Doctor Just informed me that she was away from the office just one month at the time her baby was born, and that all of her patients were terribly surprised to hear of the event.

This baby, now a ten-year-old boy, has no desire to follow in his mother's white oxfords, but at present has decided leanings toward an electrical engineering career. He is the main reason why Doctor Just combined her home and office eight years ago.

"Would you advise young women to go into dentistry?" I asked.

"Of course, if they are reasonably sure they can be happy in the profession."

"Almost everyone acknowledges the fact," I added, "that a

pretty face and a slim ankle are decided assets for any girl who is carving out a business career. Do you think these attributes are at all necessary or helpful to a woman in dentistry?"

"Not especially," answered Doctor Just. "Many women like doing business with good-looking men. But did you ever hear of one going out of her way to look up a beautiful woman?"

"But what about the men?" I asked. "Surely they prefer pulchritude."

"Not when it comes to dentistry," objected Doctor Just. "A steady hand and calm nerves look best to them! In fact, a woman dentist should at all times lean backwards in her effort to keep her business and professional standards at their highest. Friendly and gracious she can be

—of course. Coy and flirtatious— Heaven forbid! And I am afraid the wives would have something to say about their husbands skipping off to a too alluring dentist."

"What chance of success do you hold out for a girl just entering dentistry?"

"If she decides to specialize in children's dentistry, she may go far. If she goes into general practice, and is capable and charming, has perseverance, pluck, and ability, she is fairly certain of retaining a steady flow of both men and women patients."

"Just one question more—Do any of your patients come to you simply because you are a woman dentist?"

"A lot come in spite of the fact," laughed Doctor Just.

4109-13 Avenue, South Minneapolis, Minnesota

ATTENTION DENTISTS!

HAVE YOU RECEIVED your questionnaire on dental preparedness from the American Dental Association? If not, write for it today. If you have received it, be sure to fill it out and return at once to the Committee on Dental Preparedness, American Dental Association, 212 East Superior Street, Chicago. Whether you are a member or a nonmember of the American Dental Association, this is your opportunity to aid in the national defense program of your country and to become a part of the permanent directory of dentists to be published by the American Dental Association.

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Kalleni South o (August America ber) 194

You Can Help Our Neighbors To The South

by TRAVIS E. KALLENBACH, D.D.S.

ON MY AIRPLANE tour of Central America, I I had not penetrated far before I realized that many groups of natives are dependent on local habitat which is little influenced by imports and exports. They show the effect of a restricted and so-called natural diet combined with primitive or moderately civilized customs.

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As I travelled from Guatemala to Panama, I observed the condition of many natives and discussed their habits and foods with physicians and dentists. I was interested not only in the well-adjusted Indians common to central Guatemala and the ladinos of mixed Spanish and Indian blood typical of El Salvador and Costa Rica, but also in the numerous Indians who constitute the masses in all of these countries. I wanted to know what, if any, attempts were being made to bring dental care to these Indians as well as to the upper classes.

Among Castilian families in San Salvador I found that there is great pride in professional training. Most of them are anx-

ious to have their sons enter the professions either of medicine. dentistry, or law. This undoubtedly accounts for the fact that there are more dentists in proportion to the population in San Salvador than in other Central American cities. Young men have been in the habit of going to Europe and the United States to obtain dental degrees. The two institutions to which, I was told, most of them go in the United States are the University of California in Los Angeles and the University of Pennsylvania. Despite its distance, the University of Pennsylvania has become wellknown to the people of San Salvador, because of the archeologists it has sent down to investigate Mayan ruins.

In San Salvador they have a well-established dental society, which meets regularly, and I regretted that I could not wait over for the next meeting, which I was invited to attend. But I did make some informal queries among dentists about their practice in El Salvador. I learned that dental service is mainly for the upper classes, who are the only ones that can afford treatment with any regularity. Indians come into towns occasionally for extrac-

Eallenbach, T. E.: A Dentist Looks South of the Border, ORAL HYGIENE 30:943 (August) 1940. Flying Over Central America, ORAL HYGIENE 30:1079 (September) 1940.

Rather than sending an

army to Central America to

protect our interests, Doc-

tor Kallenbach suggests

this means of implementing

the Good Neighbor policy:

"It seems to me that it is

important for dentists in

this country to devise ways

of getting their colleagues

in Central America inter-

ested in the recent develop-

ments in dental materials

and methods, as a means

of helping them to improve

tions and to get relief from toothaches, but there is no effort being made to bring dental care to them. I saw no evidence of clinics or any attempt by use of government funds to correct the dental conditions of the Indians.

Much of the dental service given is certainly inferior. Even in the dental service given to the upper classes in San Salva-

dor there is much room for development. From my inquiries I received information indicating that dental methods discarded years ago are being used there. Guttapercha is the common root canal filling and even mummifying fillings are still used. One of the dentists became interested in a

modern material (neo-balsam) which I suggested for this purpose. Since my return I have had samples of this product sent to him and I am expecting a report on what success he has had with it. It seems to me that it is important for dentists in this country to devise ways of getting their colleagues in Central America interested in the recent developments in dental materials and

ry."

methods, as a means of helping them to improve the quality of their dentistry. There is also a serious lack of X-ray equipment. which means that a tooth may be abscessed many years without the condition being discovered. The toothache, then, becomes the chief concern as a means of indicating needed dental service.

Because North Americans are

by nature more aggressive than Central Americans, I do not believe that an increase in the number of dentists from the United States would be welcomed. The best means of aiding dentistry there, in my opinion, would be by our cooperating with their associations and exchanging lecturers and

the quality of their dentistclinicians soon and as frequently as possible.

In Guatemala City I inspected a motorized clinic that is designed to give free dental service to Indians. But I did not consider the equipment adequate and, from what I understand about the mountain roads in Guatemala, I do not believe it would be possible to reach with motor equipment many of the Indians who live in the highlands away from the

CHART I CENTRAL AMERICAN FRUITS

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FRUIT DESCRIPTION HOW SERVED **OCADOS** pear-shaped, 1-11/2 lb. raw may be added rough green skin cooked - sauted or mixed with other soft, creamy pulp starchy foods DFRUIT ovoid shaped, like a peeled, wrapped in man's head or elleaves and roastongated ed, sliced 8 inches or more in ground into flour for length batters rind—thick, greenish pulp—solid, white, starchy mass small, elongated melraw-golden variety cooked-yellow variety single large seed yellow-red pulp-soft and juicy with spicy flavor poorer types-fibrous, bitter tree melon, oval raw-ripe cooked - slightly pulp like cantaloupe in texture and flagreen for prevor contains papain, a digestive enzyme large banana-like not eaten raw fruit stages: green-fried globes are 12 or more chips, soups, inches long stews pulp is rich and yellow - boiled, baked creamy black (ripe) -sauted fruit of tree yielding must be ripe chicle (for gum) round, brownish skinned like a russet

apple

and sweet

soft pulp, granular

central road for motor traffic. As an example of the casual type of dentistry that is being practiced in parts of Mexico, I recall a dental office in the town of Minatitlan. From the window in the so-called hotel where I stayed, I could look across the street and watch a dentist in an opposite office at his work. He kept up a running conversation with people who came along the street outside his window. And every few minutes he would lean out and punctuate some particularly good remark with the flourish of a dental instrument. It was obvious to me that the dental service was being given without any concern either for hygiene or privacy. In larger cities of Central America, however, I saw dental offices that offered the utmost privacy, as they overlooked flowered patios in a central court shut off from the streets.

Better dental offices and higher types of service will not, of course, take care of the entire dental problem in Central America. There is much more to it than that. The economic standards, the characteristics of the natives, their living conditions, and the type of diet to which they are accustomed must all be given serious consideration.

Native Types

The majority of the Central American natives I saw were small of stature though well built. Their muscular development was excellent as evidenced by their poise and strength. In Guatemala, for instance, the familiar sight of women carrying huge, well-filled baskets on their heads and of men with tampinos (head-bands) holding heavy loads on their backs astonishes any "well-nourished" Northerner. Despite this apparent stamina, old age overtakes them early. I saw natives in their thirties who appeared shriveled, withered, and decrepit. Their teeth were rough, won down, and broken.

The capital cities, centers of government and business, in Central America are controlled large. ly by the minority class of whiter -native and foreign. But Indians have also followed the trend of "civilization." As a result, slum areas with unbelievably sordic living conditions have developed The dominating class which, at least in attitude, is aristocratic lives on the upper levels in attractive homes with modern convenences. The poor natives ar crowded into badly constructed houses and flats built at lower levels. Many times I saw oper streams, which carry sewage from the dwellings above, being utilize for the family washing and bath ing. Ever-present buzzards gan proof of the filth in the water where I saw a group of women kneeling on the stones rubbing clothes and children paddling gaily about waiting for their garments to dry.

After such scenes it was eas for me to understand why th physicians with whom I enjoys a picnic one Sunday in San Salv dor were mainly concerned will



SOURCES OF FOOD CONSTITUENTS IN CENTRAL AMERICAN DIETS

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DRATE	FAT	PROTEIN & PHOSPHORUS	CALCIUM	IRON
maize rice	avocados cocoanuts	frijoles (beans) maize	? soft bones ? animal blood	beans avocados
beans	meat	fish		bananas
breadfruit	fish	wild turkey		? livers
cassava		wild pig		? eggs
plantain		iguana		
bananas		chickens		
		wild fowl		
		sand crabs		

? Possible source, but extent of utilization not known.

CAROTENE (Vitamin A)	THIAMIN (Vitamin B _i)	ASCORBIC AC (Vitamin C		
maize avocados *mangoes	frijoles maize avocados	pineapples bananas avocados	frijoles maize avocados	
	*wild pig	other raw fruits:	*livers *glandular	
		*mangoes *papaya	organs	
		*sapodilla- plum		

* Classification based upon relationship to other food of similar type; analyses have not been reported.



treatment of malaria, dysentery, typhoid fever, and tuberculosis. I learned from them, however, that little preventive work is being done. The attitude of indifference, which seems characteristic of the economically comfortable residents, may be one of defense. Improvement of conditions would require money and governmental control in amount and degree which appear well-nigh fantastic to any Central American. Demands are not great and progress in medicine and dentistry has thus not been stimulated.

Much has been written about the conquest of the tropics since the improvements made in the Canal Zone and Nicaraugua by the United States Government and the Army. Some extension of such work has resulted in construction of hospitals and sanitariums in several countries. Unfortunately, most of the Indians are not aided by these facilities, either because of prejudices or lack of funds. Such institutions are powerless against spread of disease when there are no means of indoctrinating the masses with principles of hygiene. It is this lack of adequate and sympathetic education, which leaves the great majority of the populace incapable of appreciating their own needs.

Though the most obvious deficiencies are concerned with sanitation, there are doubtless nutritional ones as well. The workers of the coffee-growing regions use rice, corn and frijoles (beans) as staples. These they re-

ceive as rations for their work or are given plots of ground for producing them. Because of the ubiquitous amoeba, other vegetables are not cultivated. Tropical fruits such as those shown in Chart I, I saw in every locality. These constitute a large portion of the diet for some groups. The amount of animal food used depends upon locality, ability to buy, or habits the people. Fish are, of course, available in mountain streams. I saw natives gathering sand-crabs by the sackful as they crawled over the swampy land near Colon, Panama. Milk and eggs are unknown to the majority of inhabitants. Their distribution would, of course, increase the need for refrigeration and proper storage. In the San Blas region in lower Panama cows would not be recognized, but wild pigs are as commonly eaten as fish and fowl Judged on the basis of the composition of available foods, the limitations of the native diets throughout Central America, as indicated in Chart II, are so apparent that it is surprising that the Indians develop as they do.

A realization of the needs of Central Americans should be of more than academic interest to other Americans. As true neighbors we will want to know what they eat and how they live. Then as trade agreements are extended it might be expected that the exchange would send them foots needed to supply their deficiencies and not simply more cereal in attractive packages. Likewistheir sanitary needs should be

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als ise taken seriously so that more of the expensive paving of roads will not further increase their indebtedness without improving hygiene. As citizens of a democracy which has passed beyond its "horse and buggy" days, we need to consider the point of view of the masses who still spend days following artistically decorated ox-carts that carry their small loads to market. As individuals, I am sure that each of the readers of Oral Hygiene will enjoy and profit by further acquaintance, either direct or indirect, with our southern neighbors.

714 Beaumont Medical Building Saint Louis, Missouri

DENTAL MEETING DATES

Ohio State Dental Society, seventy-fifth annual meeting, Netherland Plaza Hotel, Cincinnati, November 25-27.

Greater New York Meeting, Hotel Pennsylvania, New York City, December 2-6.

Pan American Odontological Association, fourth annual meeting, Wednesday evening, December 4, at Hotel Pennsylvania, New York City.

Dental Protective Association, annual meeting, Palmer House, Chicago, December 16.

The Greater Philadelphia Dental Society, annual meeting, Benjamin Franklin Hotel, Philadelphia, February 4-7, 1941.

Chicago Dental Society, Midwinter meeting, Stevens Hotel, Chicago, February 17-20, 1941.

Alabama Dental Association, seventy-second annual meeting, Tutwiler Hotel, Birmingham, April 8-10, 1941.

Louisiana State Dental Society, sixty-first annual meeting, Hotel Roosevelt, New Orleans, May 1-3, 1941.

New Jersey State Dental Association, annual meeting, Berkeley-Carteret Hotel, Asbury Park, May 7-9, 1941.

Tennessee State Dental Association, seventy-fourth annual meeting, Hotel Andrew Johnson, Knoxville, May 12-15, 1941.

The Dental Society of the State of New York, annual meeting, Hotel Statler, Buffalo, May 13-16, 1941.

Georgia State Dental Association, seventy-third annual meeting, Hotel DeSoto, Savannah, May 19-21, 1941.

CITY DENTIST IS A COUNTRY SUCCESS

by WALTER RUDOLPH

SIX YEARS AGO last May, Doctor Harold G. Hood, one of the most successful dentists in Cleveland, announced that he was about to close his city office and move to the country.

Courage? It took a lot of it. Here was a dentist, fully possessed of his wits, intentionally turning his back on one of the best practices in the state of Ohio. He bought a fine farm and house near Miller's Station, about four miles from Cambridge Springs, which is twenty-five miles south of Erie, Pennsylvania. Yes, a real farm, with a dirt road in front of it. Then he packed up his modern dental office, shipped it almost intact, and set it down in the new "office building." the farm house, remodeled under the discriminating eyes of the dentist and his wife. That took nerve for, what was coming next? Would there be a dental practice, a living, in these new surroundings?

The patients came. Slowly at first, and properly amazed to find a city dental office, with attendant equipment, all sanitary and modern in a farm house! Today the whole setup is taken for granted, and Doctor Hood's appointment book is heavy with dates and work to be done. And

it is not just the surrounding country neighbors who trek to his office, but old patients, people who know him and his work, drive to Doctor Hood's dental office from Cleveland and adjacent points. They take rooms in the hotels in Cambridge Springs and await their turns.

The success of Doctor Hood's venture, daring and original proves him to be one of the most skillful and modern dentists in the United States. Every year he takes a month off to attend the American Dental convention and various clinics throughout the country where he studies new or improved dental procedures.

The Hoods love the reality of their dream! If you should visit the farm and walk with the cheery dentist into his barn, he would show you a pair of fine saddle horses, cows, sheep, a small herd of white-polled cattle, and chickens. Walk past the barn and you are on the banks of the quiet, romantic French Creek, Look across the fields and you can see the little church at Miller's Station, where the Hoods worship on Sundays and where Doctor Hood frequently plays his violin with the choir.

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(Photograph by Lou Moore, Erie, Pennsylvania.)

Doctor Hood at the barnyard pump gets ready to water his fine stock.

dentist turn into a farmer; quick as lightning, the white dentist's uniform is doffed at the end of the day's professional duties. On go the coonskin cap, rubber boots and overalls that mark the farm worker—and Doctor Hood is off to tussle with the family pump and water buckets to water his stock. Mrs. Hood enjoys it all too, and would not return to the city for anything. Their son Jack

graduated from high school this June, and that rounds out the family happiness.

Of course, Doctor Hood is still the true dentist—a light burns all night by the farm-house door, illuminating a sign, and the city dentist who made good in the country follows steadfastly the rule that he will relieve suffering any hour, day or night.

616 Holland St., Erie, Pennsylvania.

Do You Charge For Examination and Treatment?

by PHILIP WEINTRAUB, D.D.S.

CERTAINLY THE INFORMATION I have at hand shows that most of the dentists in this land do not ask fees for examination as well as treatment. From my point of view, however, dentistry is a business, and it should be treated as such. And business cannot be founded on "free" work and succeed.

A large number of newspapers recently published advertisements signed by H. F. Sinclair concerning Sinclair Gas. The price was to be boosted a certain amount per gallon after a local gasoline trade "war." The reason was that the company felt that it was entitled to earn a profit and that the American public approved sensible business operations. Furthermore, a profit must be made if a company is to exist and serve the public.

One thing is still true in dentistry as in every other field of endeavor: you must get paid for what you deliver, or you don't stay in business. If something is worth a dollar, you can get two—for a while, but not forever. On the other hand, if something is worth \$2.00, you can sell it for \$1.00, but not for long—you will not remain in business very long.

The average dentist does not

have the funds to permit his practice to operate at a loss—since the very nature of dentistry is such as to forbid unbusiness-like methods. What you lose today on one restoration is seldom, if ever, made up on another restoration for the same patient—what is lost is a permanent loss. There is never enough "repeat business" in dentistry to permit operations along the lines employed by various merchandising concerns that may take a loss on one item and make it up on another.

I have received a fine letter from a brother "Ham" who is also a dentist. At this moment he is on the high seas somewhere in the world. At the time he wrote his letter he was located in Southampton. Although he is now acting as a radio operator on an English boat, he had spent a number of years as a dentist in Great Britain. His comments are interesting and his philosophy sound.

To start with, what seem to be problems of dentistry are apparently not indigenous to the "States." They also exist in foreign lands and are of the same

Weintraub, Philip: The Curing of Ham, ORAL HYGIENE 29:673 (June) 1933

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character. While it is true that the essence of Doctor Laird's letter covers the collection of fees problem, certain references to free services seem to me to be of major import. I hope that he will forgive the dismissal of his comments concerning collections, I feel that another part of his letter means much more to the welfare of the American dentist.

Code of Ethics

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My friend's letter closes with what is equivalent to his code of ethics, namely,

Serve yourself-First.

Serve the public—Second.
But serve both equally well.

It might appear as if these words express a selfish point of view, yet is that really so? I think the man is right. Maybe our approval will go against the grain of some of the idealists—of some of the men who feel that dentistry is an ideal—that people must do their best for the glory that follows—

My friend from the land of Robin Hood talks sense. We can be true to those we serve, be honest, be sincere—but why at a financial loss? If we don't serve ourselves first, we will be incapable of serving others. We just will not be there to serve the others. The cowboy who feeds his horse first does so because the animal is vital to his very existence. Of course, there is love between the man and the beast but, without the horse, the rider might not exist. Hence, that which is being

done for the horse is being done for the rider as well.

The American dentist has been serving the public first. In fact, the American dentist has been paying for the health of the public. He has been serving the public, but not himself.

There is little glory in dentistry. It is a profession and a business and it must be treated as such. So far as glory is concerned, one can't forget the wellknown quotation by Gray, "The paths of glory lead but to the grave." Is a dentist dishonest who says that he comes first, and then his public? Perhaps the word "dishonest" is not the correct one but it has been used. My point of view is the contrary and coincides with that of Doctor Laird. So long as the dentist serves his public honestly and fairly, he is a sucker unless he looks out for the first person first.

Did you ever read a real estate lease; the kind signed by a tenant when he rents a new apartment? You as the tenant give up everything but the air you breathe. You promise to abide by every imaginable regulation set forth

"The American dentist has been serving the public first. In fact, the American dentist has been paying for the health of the public. He has been serving the public, but not himself," says Doctor Philip Weintraub.

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by the landlord. He, on the other hand, agrees to very little. Yet the public has become accustomed to signing these leases and they do so daily.

Don't for a moment think that I am recommending a single thing that is contrary to the welfare of dentistry. Neither do I think that Doctor Laird took advantage of his patients when he practiced the philosophy set forth in the beginning of this article and said frankly that he charges a fee both for treatments and examination.

Dentists often speak to me about the patient's initial lack of confidence as one reason why they make no charge for diagnosis and minor treatment. Operating at a loss or on a non-profit basis most certainly is no way to gain that patient's confidence.

Public confidence depends upon rendering proper service. Other dentists say that dentistry can be had if fees are low. There is much truth in that, but there is an irreducible minimum for fees for treatments and examinationand that limit is the complete absence of profit. Operating at a loss is past the common sense irreducible minimum. There can be no benevolent generosity when practicing a profession or running a business. This is not being hard-boiled, it is simply realization of what the requirements are for normal sane living. In a highly competitive world, there is a paramount requirement of serving oneself first, then the others, but all equally well.

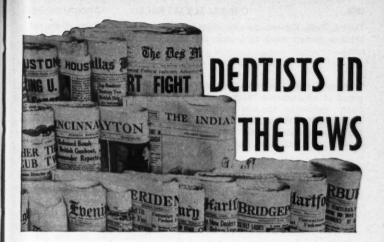
3860 Harrison Street Chicago, Illinois

CHANGE OF ADDRESS

ORAL HYGIENE will be grateful to readers who change their addresses if they will send both the old and the new address. Please also allow at least two weeks for an address change to become effective. Mailing wrappers are of necessity addressed two weeks or more prior to the publication date; hence when your address change reaches us late in the month preceding publication it is often impossible to make it effective before the second month following.

THE COVER

ORAL HYGIENE'S cover this month is dedicated to the Greater New York meeting, which will be held at Hotel Pennsylvania, December second to sixth. The Kodachrome, an unusual shot taken on the waterfront, is the work of Oral Hygiene's photographer, Homer Sterling.



Philadelphia (Pennsylvania) Inquirer: Repeated searchings and thirteen hours of questioning during two days of detention in Spain were reported by Doctor James V. Sparks when he arrived in Lisbon, Portugal, with his wife and twenty members of the section of the American Volunteer Ambulance Corps, which he headed in France. "They wanted information about French military factories but got nothing," Doctor Sparks, who is a former commander of the Paris Post of the American Legion, reported.

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"We were arrested and I was separated from my wife soon after we arrived at Port Bou. They kept us in prison under armed escort in a large, cold room. All the time we had no blankets and slept on a cement floor with nothing to eat but potatoes. At three o'clock in the morning, my wife was told to leave Spain within twelve hours and she hadn't a cent. British Consul Whitfield, although ill, rushed to the station, gave her money, and wired American authorities at Barcelona, where Consul

William George was most helpful."
Doctor Sparks said that after his party had been subjected to the "third-degree" questioning without results, they were taken to Barcelona and later escorted to the Portugal border by military authorities, preparatory to sailing for the United States. Doctor Sparks is a former Indianapolis dentist.

Columbus (Ohio) Citizen: Mrs. Ruth Kirsten, now a dentist, was once a school teacher. The change in her profession was the result of her husband, a wounded world-war veteran, deciding to take up the practice of dentistry at the age of 37. Just to have something to do she entered Ohio State University and took a masters degree in English, while her husband began his six-year course in dentistry in the same institution. Then she turned to dentistry and, when they had both graduated, they opened an office at One South Fourth Street, Columbus, in 1935. They have found that many child patients prefer

Doctor Ruth Kirsten, because they think a woman won't hurt them so much.

Dallas (Texas) News: In the vanguard of an apparent "back to the farm" movement are two dentists, H. W. and Carl Hoffer, who are leaving well-established dental practices to live on a 720-acre ranch near



Kemp, Texas. They plan to make it a great Hereford stock farm and are building barns, sheds, granaries, a silo, and a modern bungalow. Doctor Carl Hoffer is a resident of Nashville, Tennessee, where he formerly was a member of the faculty of Vanderbilt University. He now is a visiting member of the faculty of the University of Saint Louis and is much sought after by dental societies as an authoritative lecturer on pyorrhea and ceramics.

San Francisco (California) Call-Bulletin: California will soon have the most extensive motorized dental service in the United States, with seven travelling trailers set up as dental offices, according to Doctor Bertram P. Brown, State Health Director. Two of these are already in service in Orange and Yolo Counties, where county governments have contributed funds to augment those available from the Federal Government for the maternal and child health program. Some 7025 children have been examined and given the

necessary dental service. Only children and expectant mothers are eligible for the free dental treatments under the present set up.

Frankfort (Indiana) Times: C. W. Jenkins, a local dentist, believes he has been victimized. Some time ago, a man giving his name as Carl George, his address as 417 Cherry Street, Terre Haute, Indiana, and his business as a dental repair man, visited his office. Doctor Jenkins gave him a quantity of dental equipment to be repaired. When nothing more was heard from the man, the dentist started an investigation. The Terre Haute police say the Cherry Street address is a residential hotel and that no man by that name or description is known there.

New York (New York) Daily News: Two holdup men who pretended to seek his professional services, but who actually wanted his money, escaped from the office of Doctor Irwin W. Lowitt, 37, a dentist at 6900 Fort Hamilton Parkway, with \$100 in cash and \$200 in dental gold. Doctor Lowitt was alone in his office on the second floor at 2:30 p.m. when two men, each about 30, entered. One held a small



towel to the side of his face; the other said it was because he had a toothache. The dentist led them to his inner office and told the supposed patient to sit in the dental chair. Instead, his companion pulled out a gun and said to the dentist, "No, you sit in the thie four sack

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m n the chair." Doctor Lowitt did so. The thieves relieved him of \$100 they found in his pockets and then ransacked the office for the gold. After lice could be called.

gagging the dentist and tying him to the chair with towels, they departed in a leisurely fashion before the po-

This month's awards for stories submitted to Dentists In The News go to:

MANDEL BERGMAN, D.D.S., 1417 Avenue K. Brooklyn, New York. MISS SHIRLEY BINDER, 1809 North Thirteenth Street, Philadelphia.

CAN YOU USE A DOLLAR?

To EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in this department, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, Oral Hygiene, 708 Church Street, Evanston, Illinois.

STATE BOARD MEETINGS

The Connecticut Dental Commission, regular meeting, Hartford, November 19-24. Applications should be filed at least ten days prior to examination. For information write to C. G. Brooks, D.D.S., New London, Connecticut.

California State Board of Dental Examiners, next regular meeting, College of Physicians and Surgeons in San Francisco, week of December 16. Also at the University of California, College of Dentistry, during the same week. Applications must be filed at least 20 days prior to date of examination. For information write to Kenneth I. Nesbitt. D.D.S., 515 Van Ness Avenue, San Francisco.

New Jersey State Board of Dental Examiners, next regular meeting, week of December 9. Applications must be filed with the examination fee of \$25.00 with the secretary, Walter A. Wilson, D.D.S., 148 West State Street, Trenton.

EDITORIAL COMMENT

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GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO ARGUE FREELY ACCORDING TO MY CONSCIENCE ABOVE ALL LIBERTIES. John Milton

Tomorrow May Be Too Late

THESE ARE NOT gay thoughts expressed in this column this gray November. Around us everywhere are young men preparing for a life of military service. Even the oldest among them are too young to remember, except from the vagueness of their early teens, what it means when a country prepares for war. For all of them war is a new experience. No one who loves this country says that we should not make these preparations. There is no other course that can be ours. These preparations carry deep implications that burrow into the lives of everyone in this land. No one can be too young or too old to escape. National life on every level and family life in every home, the whole man and all his surroundings, become a concern of the state. What he eats, what he wears, how he lives-all cease to be affairs of individual concern and become the vital concerns of the government. Training to bear arms is more than drill formations and skills with armaments. The lives of 16,000,000 men now come under the direct scrutiny and control of government. The lives of other millions will be deeply affected. The way of American life will be completely changed for all time.

Soft living, flabby bodies, smug indifference, destroyed France, not superior armament. The authority for this observation is the first rank biologist, Alexis Carrel, who witnessed the collapse of the French Republic. We can save ourselves from this fate only by great self-discipline and by the force of unity and energy as a nation. Everyone will be required to make sacrifices. We dentists will be expected to make ours. Some of us will be torn from practice to enter military life. Others will make their contributions at home. Protestations from the unwilling and selfish will make no impression. Every man will be expected to do some job to pay for his past freedom and to insure his future freedom. No group in the population has a greater opportunity to be of service than has ours. Something like 4,000,000 of the 16,000,000

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his hity registrants will be rejected for dental defects. Many of these young men can be quickly and completely rehabilitated for service by us. We alone can do this job. Some of this reclamation will be done by the greatly expanded Dental Corps in the Army and Navy, but the greatest job will fall upon us who serve at home.

How shall we undertake this vast assignment? Can we expect the conscript to pay for the service from his own pocket? How much of the job can we afford to do as our contribution to national defense? What part and what payment should be made by the federal government? The time is short for us to answer these questions. We cannot meet and debate and meet and debate too long. Action will be expected from us. Whatever course we take we should have an eye to the long future. From the pattern that we fashion now the form of future dental practice in the United States will be cut. Although the dental requirements for military service are not particularly severe, we cannot undertake the services for all conscripts on a strictly gratuitous and volunteer basis. By so doing the burden would fall too heavily on some dentists and too lightly on the shirkers. We would prefer a volunteer and voluntary system on the part of dentists who would devote part of their time to caring for the draftees. But if such a system does not work, we can expect the government to draft us for compulsory dental duty. And should the government inaugurate a system of payment or part-payment, we should never forget that whatever form it takes will be the model for future socialized dental practice throughout the nation and throughout the years.

Our professional organizations will be asked by our government to aid in this vast undertaking. There will be no time for protracted debates and no place for dental society politics. We will be given a reasonable time by our government to plan the job and then to do it. If our vision is short, our selfishness preeminent, or our energies scant, the government will tell us what should be done. Our voluntary opportunities will then be gone and compulsion will ever after be our lot. Tomorrow may be too late!

Edward ! Ryan

Nove TECHNIQUE OF THE MONTH

by W. EARLE CRAIG, D.D.S.

If you are interested in a particular technique and would like to have it included in this series, please write to the author at 1005 Liberty Avenue, Pittsburgh, Pennsylvania.

An Upper Impression Technique



Use a stock tray and trim the tray so that it does not impinge on tissue.



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Correct impression by use of green compound sticks. Correct palate and one side first. Do not apply any green compound on ridge.



Pull cheeks for muscle correction. Apply green compound on other side. Make correction. Post dam.



Box in with paper that he inal corrected adhesive on one side. For ellow imp stone model.

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November, 1940

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Adapt hard base plate to model. Fold over excess so that base plate is double thickness ¼" all around the tim.

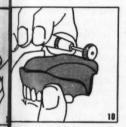
ORAL HYGIENE



Cut an extra piece of hard base plate ½" wide and strengthen posterior border.



Secure bite in usual manner and set up teeth.



alon bet up complete. Try in nosteria nouth. Trim base plate to here act height you want finedom. shed denture.



If base plate does not contact tissue at all points, use carding wax melted to a liquid and applied with a brush to the areas needing correction. Correct post dam with carding wax.



Try in mouth. Caution: Watch that you do not get a protruded bite.



nat b inal correction. Melt Kerr's e. For ellow impression wax. Melt a spoon and apply with a rush to all areas except in ard areas where you need ellef.



Do not heat or dip in hot water, but carry to mouth. This wax flows at body temperature. After wax has a chance to flow—cool with ice water and remove by air



Pour model immediately.

from syringe applied to post dam area. Caution: Watch that you do not get a protruded bite.

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Pyorrhea

Q.-I read with interest ASK ORAL HYGIENE. It certainly contains much valuable and worth-while information.

What do you consider the most successful method of treating pyorrhea among the various procedures now in use?

Can you give me the formula for a preparation to seal medicaments in the gums that will set like flexible collodion but that does not have an objectionable odor?-I. R. E., California.

A.—It is held1 that the elimination of the pocket in pyorrhea is the one great essential in its successful treatment.

Whether the pocket is eliminated by subgingival curettage or by surgical means depends on the opinion of the individual operator.

T. Sydney Smith² and Austin T. James³, two eminent authorities, hold for non-surgical treatment. Frank Kaiser4 and Olin

Kirkland⁵, also eminent authorities, are more inclined to the surgical treatment.

In the non-surgical treatment one must be skillful and meticulously careful in removing every speck of deposit, rough edges of restorations, and must eliminate traumatism. Moreover, one must have the thorough cooperation of the patient in brushing the teeth and massaging the gums until the pockets are reduced to the point where there will be no pus. This is the plan we follow and, we believe, with rather good results.

There is a foil known as Burlew Dry Foil, which is handled by all dental supply houses and which it is claimed seals for several hours and has no taste or odor. -GEORGE R. WARNER.

Pulp Hyperemia

Q.—I shall appreciate suggestions on how to handle the following case:

I have a young woman patient, about 16, for whom I placed five amalgam restorations in the posterior teeth about five months ago. The cavities were not as deep as average, yet since placing the restorations she has had continuous

¹Coolidge, E. D.: Elimination of the Periodontal Pocket in the Treatment of Pyorrhea, J. A. D. A. & Den. Cosmos 25:1827 (October) 1938. Smith, T. S.: Constructive Treatment of Diseased Paradental Tissues, J. A. D. A. 22:1477 (Entempher) 1935 22:1477 (September) 1935.

³James, A. F.: Conservative Treatment of Periodontal Diseases, J. A. D. A. 20:991

(June) 1933.

*Kaiser, F. S.: The Surgical Treatment of Pyorrhea Alveolaris, J. A. D. A. 16:1299 (July) 1929.

⁵Kirkland, Olin: Surgical Treatment of Periodontoclasia, J. A. D. A. 21:105 (January) 1934.

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of anpain from them. About two weeks after doing the work, I removed the amalgam and replaced it with zinc oxide and eugenol, but the pain persisted. Two silicate restorations in the anteriors, which were deeper than the restorations in the posteriors, have caused no pain at any time,

If you can tell me how I may alleviate her pain, I shall appreciate it.

-F. H. B., West Virginia.

A.—It would seem that you followed the usual practice in placing your amalgam restorations, but because of the age of the patient, unusually large pulps or an avitaminosis, a pulp hyperemia, supervened.

We cannot say that you would not have had this result if you had varnished the cavities, as I assume you did in the case of the silicate cement restorations, or if you had used a sedative cement lining. But, from our experience, it would seem wise at least to varnish a cavity before placing a metal restoration, especially in the teeth of young people.

You did the right thing in removing the metal restorations and placing zinc oxide and eugenol, and I cannot understand why the pain persists, except, because of a possible deficiency in the diet of vitamins, particularly Vitamin B₁.

Pulp hyperemia is sometimes caused by or persists because of malocclusion, in which case there is cuspal interference, which may amount to traumatic occlusion. Just a little polishing of cusps with garnet paper disks will often relieve the interference and, at the same time, the pulp hyperemia.

Having done the things I suggest, you may have to wait a

while for a re-establishment of normal circulation in the pulp and a return to normal of the nerves.—George R. Warner.

Finishing Dentures

Q.—I have just started making and finishing my own dentures. After spending considerable time polishing and finishing, I find that I am not satisfied with the results.

I should appreciate it if you would tell me how I can get a nice finish in the interproximal spaces and how to polish without ruining my festooning.—H. W. F., Maryland.

A.—In order to assure a smooth polish of dentures at the necks of porcelain teeth on dentures and between the teeth, it is important to use a sharp-pointed knife or instrument and trim the vulcanite, or whatever you are using, to as smooth a surface as possible before starting to polish. Then use a narrow one or tworow brush wheel. As you no doubt know, they work best when about half worn down.

Apply fresh, wet pumice generously every half second or less and keep the denture constantly moving as you apply the brush run at high speed. Follow this with a cloth wheel and lots of wet pumice and finish with a clean, dry, fluffy cloth wheel or camel'shair brush wheel, and wet whiting for final polish.—V. Clyde SMEDLEY.

Flabby Tissue

Q.—I have a patient for whom I am making an upper denture. There is a piece of flabby gum extending from the median line to the cuspid region, on the right side. Would it be advisable to remove part of that gum and, if so, what would be the proper way to do it?—D. W. W., Wisconsin.

A.—A strip of flabby gum, such as you describe, can be excised with no particular difficulty with shears or lance, but this usually is not necessary if you will take sufficient pains not to displace this flabby tissue while making your impression of the mouth.—V. CLYDE SMEDLEY.

Fluorosis

Q.—A young woman, 23, presents four upper incisors all of good shape and shade, except the right central. In the middle third of the labial surface is a circular opaque whitish patch 1.5 mm. in diameter in the center of which is a tobacco brown spot .5 mm. in diameter and a longitudinal tobacco stained crack runs through both.

The blemish is non-carious but of course attracts attention. Before I resort to the placing of a restoration, any advice you can offer will be deeply appreciated by myself and my patient.—J. A. P., New York.

A.—It would seem from the description of your case cited in your letter that you may have one tooth with fluorosis. This is most unusual as all teeth forming at the same time are ordinarily more or less affected by the fluorine in the drinking water.

In any event it could do no harm to try bleaching this brown spot with pyrozone. The tooth should be isolated with rubber dam and cotton saturated with pyrozone laid on the brown spot, then a hot spatula put on the cotton, which will drive the pyrozone into the enamel. This should be repeated three times at one sitting and it will probably take three sittings to eliminate entirely the discoloration.

The nose should be protected with a napkin while the hot

spatula is on the cotton.—George R. WARNER.

Chromic Acid

Q.—Two years ago a young lady about 26 contracted Vincent's infection. At that time she was not a patient of mine. However, she was treated before the disease had made much progress by the dentist who was then serving her. He used chromic acid and hydrogen dioxide.

The response to treatment was rather slow and stubborn. She was given the chromic acid and hydrogen dioxide and told to treat the gums herself at home. The case finally cleared up but since then the condition recurs every four to six months. This recurrence is preceded by a burning sensation in the gums; then the gums become quite sore and bleed.

When she came to me six months ago the condition did not look like Vincent's infection. I made a smear and we found the Vincent's spirillum in large numbers. I treated the case and it responded nicely.

The patient came to my office recently with another recurrence, having the same symptoms. I might add that she has a number of gingival cavities in which restorations have been placed. Also, there is a gradual disintegration of the enamel on the labial surface of the upper anteriors. For this condition she has increased her calcium-phosphorus intake and follows a dietary program. She keeps her mouth clean and is quite cooperative.

What are your ideas on the recurrence of Vincent's infection, and what form of treatment would you suggest for this type of case?—
J. H. G., Indiana.

A.—Your letter brings out the point of the danger of the use of chromic acid, if the enamel is not properly safeguarded.

Chromic acid is considered by many operators one of the best of the spirocheticides, but it must hydro treats and h sults.

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be remembered that it is a mineral acid and dissolves enamel.

We have used chromic acid and hydrogen dioxide for years in the treatment of Vincent's infection and have never had any bad results. But we always use cotton rolls and carry the acid, not stronger than 7 per cent, carefully into the gingival crevice, taking care that it does not get on the enamel.

I feel, therefore, that the disintegration of the enamel is the result of the use of chromic acid by the patient.

We find that recurrence of Vincent's infection can be prevented if the patient does not use eigarettes, is not exposed to reinfection, has good home care of the mouth, and a thorough prophylaxis treatment every two or three months.

This regime with the good care you have already outlined ought to result in non-recurrence of the attacks.—George R. Warner.

Hand Porte-Polisher

Q.—You remember my writing you a couple of years ago about the use of sulphuric acid to reduce sensitiveness of teeth. In your reply you supposed it was on the occlusal of the posteriors. It so happened that I had used it on the anteriors where a patient had complained that the teeth felt on edge. Recently I saw an article where its use was suggested on worn occlusal surfaces of the posteriors.

I read something this morning in ORAL HYGENE about the use of the hand porte-polisher to stimulate circulation and increase translucency in dark colored teeth,

I remember years ago hearing a periodontist, then quite prominent, say, to prove how much better a porte-polisher is than a rubber cup, that a few strokes with the portepolisher will massage the tooth, increase circulation, and so on. While I did not doubt the possibility of stimulation for a few moments during the action, I questioned in my mind very much the benefit that might be derived from it if done only three or four times a year.

Your article leads to this question—How much good can it really do? Isn't it virtually a hot air idea, somewhat like gilding the lily? Isn't nine-ty-nine and nine-tenths per cent of the effect obtained by the high polishing as practiced by Doctor James of Chicago and taught to us by Doctor Gerrish of Exeter, New Hampshire over twenty years ago?—F. W. A., Boston.

A.—Some years ago G. Aldin Mills of New York and D. D. Smith of Philadelphia had quite a discussion relative to the respective merits of the engine polishing points and the hand portepolisher.

Just what the profession as a whole decided as to the merits of this debate I cannot say, but I am quite sure that the periodontists were largely with Doctor Smith, who defended the hand porte-polisher.

Doctor Smith gave his patients a treatment every 30 days, and it is said that his patient's teeth were the veritable pearls of the poets.

We use the hand porte-polisher almost exclusively, with the conviction that we are protecting the gingivae as we could not do with engine points. Moreover the hand porte-polisher does stimulate the circulation in the tooth and periodontium more than engine points. That the benefits of this stimulation would last over a period of from 3 to 6 months seems rather far-fetched, but these tis-

sues are benefited by the removal of concretions and débris, and we must necessarily depend on the patient keeping up beneficial stimulation from day to day.

My patients and myself who follow Doctor James' regime of brushing five minutes twice or three times each day have really clean and healthy mouths, which of course we wouldn't have if we depended on our dentists' use of the porte-polisher alone. But, to repeat, the porte-polisher leaves clean teeth and uninjured soft tissues for us to care for between the dentist's treatments.—George R. Wanner.

Vincent's Infection

Q.—In a recent issue of Oral Hygere, I noticed that you recommended the use of succinimide of mercury in the treatment of Vincent's infection. Will you please tell me where this drug may be obtained and the proper technique in using it?—M. E. T., Indiana.

A.—As to the proper technique of using succinimide of mercury for Vincent's infection and where it is obtained, I submit the following:

One jaw is blocked off thoroughly with mouth napkins or cotton rolls; the interproximal spaces are dried out and then a paste is made of the succinimide powder and water. This is pumped into the interproximal spaces with a rubber cup, the ordinary rubber polishing cup, and is allowed to remain for fifteen minutes, then the rolls are removed and the mouth is washed out. There will be a slight escharotic action from this treatment.

so it is not always possible to use it on successive days, but ordinarily the most severe case of Vincent's infection will clear up with four or five treatments.

Succinimide of mercury can be obtained from The British Drug Houses Ltd., Graham Street, London.—George R. Warner.

Oil Solvent

Q.—In previous issues of Oral Hygiene you answered a few questions on removing medicinal odors from the dental office. We use oil of eucalyptus as a solvent for guttapercha for temporary restorations. As this is our chief offender, I should greatly appreciate it, if you could suggest a substitute.—W. K. F., Illinois.

A.—I believe you will find oil of cajeput to be a more satisfactory solvent of gutta-percha than eucalyptus. By dipping a softened piece of gutta-percha or temporary stopping in oil of cajeput, you can make it adhere to the moist walls of a cavity, which has just been wiped out with cotton or bibulous paper.

We usually use sedative cement for temporary restorations. We mix some of it in the morning and keep it sealed under a watch crystal and, unless there is too much moisture in the air, it will stay plastic and ready for use all day with no delay for mixing or heating for use whenever needed. Mix a pellet of cotton with enough to fill the cavity. Moisten the cavity walls with the sedative cement liquid and insert the cement-saturated cotton. — V. CLYDE SMEDLEY.

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One Negro was worrying about the chance of his being drafted for the army. The other consoled him, "There's two things that can happen, boy. You is either drafted or you ain't drafted. If you ain't, you can forget it: if you is, you still got two chances. You may be sent to the front and you may not. If you go to the front, you still got two chances, you may get shot and you may not. If you get shot, you still have two chances, you may die and you may not! And even if you die, you still has two chances."

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Gazonda: "Did you ever see a company of women who were perfectly silent?"

Gazoof: "Yes, once when someone asked which of those present was the oldest."

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Rich Father: "There's no sense in teaching the boy to count over 100. He can hire accountants to do his bookkeeping."

Professor: "Yes, sir, but he'll want to play his own game of golf, won't he?"

It may not be easy to see where shorthand comes into play in army life, but note.

Sergeant-Major (to a bunch of recruits): "Any of you lads know anything about shorthand?"

There was a quick response. Six of them fell out at once.

Sergeant-Major: "Righto, you lads. Well, they're shorthanded in the cookhouse."

So six of them spent the morning peeling potatoes.

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Outside the storm raged. The thunder rolled, and lightning flashed almost continuously. Presently a bolt struck Mr. Jones and knocked him out of bed. He arose, yawned, rubbed his eyes, and said, "All right, dear, I'll get up."

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Mrs. Blub from the rural district stopped her husband at the city's busy corner.

Mrs. Blub: "Hiram, the way you stare at the legs of these shameless city hussies is something scandalous. One would think you had never seen legs before."

Mr. Blub: "Just what I've been thinking!"

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Bookkeeper: "I'll have to have a raise, sir. There are three other companies after me."

Boss: "Is that so? What companies?"

Bookkeeper: "Light, 'phone and water."

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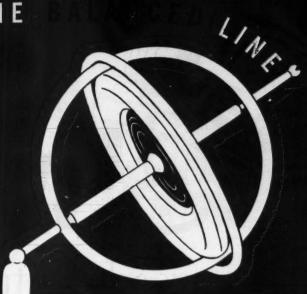
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But for the safest and best results, acrylic resin dentures should be molded from materials specially synthesized for the purpose. Du Pont "Lucitone" methyl methacrylate denture material is just that—a special plastic designed for dentistry.

Du Pont produces in volume several commercial varieties of molding powder. Every year Du Pont liquefies or "cracks" tons of scrap from industrial plastic products for re-use in a variety of articles. If these materials were suitable for dentures, Du Pont would use them in "Lucitone." And the resultant product could be sold at lower cost.

But Du Pont research indicates that dentures made from some scrap materials cannot be relied upon for strict uniformity and in many cases do not measure up to the highest oral requirements. This is easy to understand. There are a dozen or more formulas for the acrylic resins in commercial use. Each formula varies in ingredients. Some are in-

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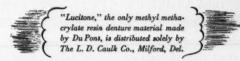
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When scrap is bought, one lot may be of one type—the next another. The purchaser cannot be sure what he is getting. There is only one way to assure the dental profession and its patients of the highest degree of uniformity in acrylic denture materials and to remove any doubt as to the form or strength of these dentures when subjected to oral fluids. That is to use only pure monomer and polymer specially

formulated for denture use.

Du Pont confines "Lucitone" to dentistry, and applies to other products the formulas which fit *their* purposes. "Lucitone," you may be sure, is processed, tested and controlled so that it meets needed requirements for uniformity, purity, strength, stability, tissue tolerance and resistance to oral fluids.

That is your safeguard when you specify "Lucitone," an acrylic resin specially synthesized for dentures. E. I. du Pont de Nemours & Co. (Inc.), Plastics Dept., Arlington, N.J.





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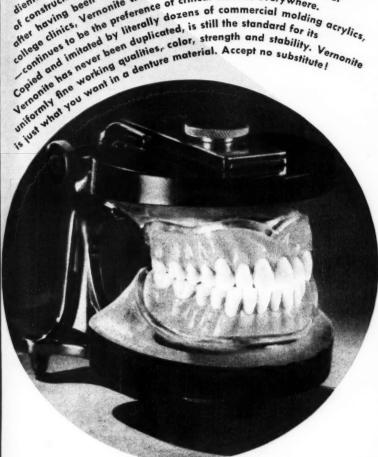
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26.1% WHITER

50% MORE VISCOUS 46.5% MORE ABSORBENT THAN AVERAGE OF 5 LARGEST-SELLING BRANDS TESTED



26.1% Whiter (by Spectrophotometer reading) means proven purity...less foreign matter, less bark particles, less dirt! No dark gummy mass on patient's plate...therefore easier to keep clean!

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NEARLY 50,000 DENTISTS USE AND RECOMMEND

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For almost thirty years, DR. WERNET'S Powder has been recognized professionally as a product that can be conscientiously and successfully prescribed. It is not advertised to the public because we believe that only a dentist is qualified to recommend its use.

SEND FOR YOUR FREE SUPPLY! Mail lower portion of this page, with your card, or letterhead, to Wernet Dental Mfg. Co., 190 Baldwin Ave., Jersey City, N. J.



46.5% more ABSORBENT, means increased ability to absorb saliva and still retain effective viscosity!

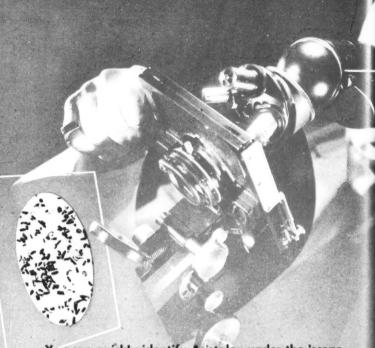
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MPLETES YOUR DENTURE SERVICE



You can quickly identify Aristaloy under the 'scope. Each microgranule is a solid unit, all are uniformly shaped and graded. They are condensed in the restoration to form a solid plug of metal with its smooth surface intimately adapted to the cavity wall.

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Powerful suction draws in all dust and filings from Lathe Wheel and deposits into tray or into removable bag. Portable—only 18¾ lbs. Compact—6 in. by 12 in. No servicing. 1-YEAR GUARANTEE. (D.C. Current, \$29.50

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Two sizes—I-speed and 2-speeds. 1-YR.
GUARANTEE. At left, 1-speed \$25.00
Price, without chucks.

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Enjoy the Long Handle
Note the reinforced end tuft
Examine the splendid
Design of this Top Flight Brush



2 9-T-NO

MODEL D.

TWO

The stiff unbleached bristles hold their shape and texture longer than other brushes.

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Your name stamped in gold on this personal sample. Get full details of this remarkable brush with price quotations for office dispensation. (Send 20c for sample brush to cover mailing cost).

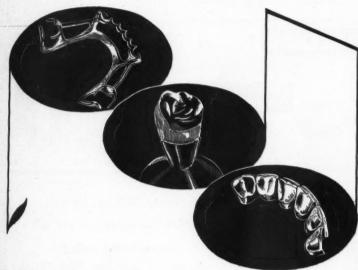
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For enclosed—cents,	please	send—Q	-T-P

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We believe that our brushes are the toughest and strongest on the market and will outwear any other brush. That's why we are making this special "comparison" offer, so that you may try it yourself.

Send 40c (to cover cost of packing and shipping) for two brushes (regularly 50c each). We suggest you choose a hard or extra-hard black bristle and a hard or extra-hard unbleached for best comparison.

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I enclose 40c for two brushes:
Hard Black Medium Bleached
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Medium Bleached Hard Unbleached Hard Unbleached Brush

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It's a good-looking job
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Dentists have given a ready reception to this new Prometheus autoclave. And no wonder! It sterilizes both instruments and dressings... gives true hospital technique in the office. See it at your dealer or write for literature.

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• A new conception of the pleasure of working Gold Foil awaits you in "M-H" EXTRA PLIABLE Burnish Gold Cylinders, the latest development of the world's oldest and largest manufacturers of Filling Golds exclusively.

Responding instantly to the plugger, they enter undercuts readily, and stay put without "balling" or "buckling" enabling you to work with greater speed and better results.

Restorations made with them are uniformly dense, have greater edge-strength, perfect margins—and a most beautiful finish.

No other Filling Golds are like them! Order a bottle today to try. You'll be delighted with their marvelous cohesiveness and perfect softness, the moment you start working them.

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Please send, through my dealer, one 1/40-oz. bottle of "M-H" Extra Pliable Burnish Gold Cylinders to try.

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Buffalo's new No. 7 round glass cement slab is easy to handle because it snuggles so comfortably between your thumb and finger—easy to keep from chipping because it has no sharp corners—easy to clean because it is smooth, well polished plate glass. And that, of course, all sums up to the fact that it's easy on your temper. Four inches in diameter—price, \$1.75 at your dealers.

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Jamesson's Thymol Zinc Cement sets harder than other cements of this type, thus giving better support for permanent fillings. This, together with its high therapeutic value, makes it the ideal preparation for the treatment of exposed or inflamed pulps. Price, complete, \$3.00. Write now for descriptive booklet.

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YOU MAY be one of the thousands of dentists who have given the new Waite Novocain-Pontocaine-Cobefrin local anesthetic such a gratifying reception.

If so, you may desire to take permanent advantage of the more intense and prolonged anesthesia afforded by this solution for routine purposes, or wherever it is especially indicated and you will be glad to learn that Novocain-Pontocaine-Cobefrin can now also be obtained in boxes of 100 cartridges at the same rates for the standard Novocain-Cobefrin solution.

We mention this because the preliminary advertising given this product may have been misleading. While Novocain-Pontocaine-Cobefrin was especially designed for extensive operative or restorative procedures, its intense and longer period of anesthesia may have appealed to you for regular use where long anesthesia is indicated.

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HUPPERT LOW FUSING PORCELAIN FURNACE. For staining, glazing, and all low fusing porcelain work. Tempera-tures to 2000°F. Six Button Control. Large Muffle. Special Drying Out Chamber. Large, Accurate Pyrometer.



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HUPPERT WAX ELIMINATOR FUR-NACE. For smallest inlay ring or largest flask. Temperatures up to 1600°F. Three heat ranges, Large Muffle, Large, accurate Pyrometer. Stainless Steel metal parts.

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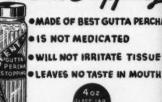
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The ideal preparation wherever a stimulating and astringent remedy is indicated.

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Only \$100 FOR BOX OF 6 HANDPIECE GLOVES

KEEP GRIT OUT

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Grapefruit and Dental Health

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"There is sufficient evidence to indicate that the dental disaster of today is largely due to mineral and vitamin deficiencies."

Howe, P. R. New England Journal of Medicine, 215: 1163. 1936.

Spongy, bleeding gums, loosened teeth, and oral sepsis are cardinal signs of scurvy due to lack of Vitamin C in the diet; and while frank scurvy is rarely seen, the sub-clinical form of the disease is of frequent occurrence.

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Authorities in the fields of oral hygiene and public health hold that much disease of the periodontal tissue is due to sub-clinical scurvy, and state that the diet of half of our population is deficient in the vitamins and minerals upon which dental health depends.

Growth, pregnancy, lactation and disease increase the demand for vitamins and minerals, far above the requirements for the normal, healthy individual.

The growing tooth is characteristically sensitive to variations in the calcium metabolism, and this in turn is dependent upon an adequate intake of vitamins and other dietary factors.

Members of the dental profession are often the first to see the results of nutritional deficiencies, and are able to suggest the obvious remedy—a generous supply of those natural foodstuffs which are rich in minerals and vitamins.

In every well-balanced diet citrus fruits will have a place. They are prime sources of Vitamin C, and contain appreciable amounts of other vitamins and minerals. Recent research has shown that the addition of citrus fruit to an otherwise adequate diet increases the body's capacity for the assimilation of the calcium in other foods.

Among citrus fruits the grapefruit

ranks high in attractive and healthgiving qualities, and increased intake of citrus fruits may be secured by the addition of grapefruit to the patient's usual diet.

Grapefruit may be taken as fresh juice, mid-morning and mid-afternoon, without affecting the appetite for the next meal. It may be eaten at meal-times as entree, salad or dessert, with pleasure as well as benefit. Cool grapefruit juice forms a delicious and healthful "nightcap."

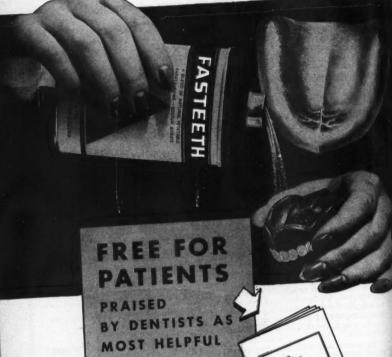
The Citrus Commission of the State of Florida has just issued a treatise on the subject of citrus fruits in their relation to health; a copy will be sent to any member of the dental profession upon receipt of the attached coupon.

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COMMISSION
STATE OF FLORIDA

Florida Citrus Commission Lakeland, Florida	Dept-270
Gentlemen: Please send me your book, FRUITS AND HEALTH.	CITRUS
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ALKALINE FASTEETH Much



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A NEW DENTURE



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Different denture powder!



WIN PATIENTS' INSTANT CONFIDENCE!

• The advantages of FASTEETH are more than theoretical; FASTEETH is different in action and in results. By maintaining a mild but persistent alkalinity in the denture area, it checks the irritating effects of excess MOUTH ACIDITY, and soothes tissues made sore by CHAFING. This feeling of comfort is further enhanced by the cooling, sedative action of its carefully-regulated menthol content.

FASTEETH has no pasty, gluey taste; no bulky sensation. The peripheral seal it forms, is even and film-like in consistency . . . that doesn't liquefy easily, but stays in place and holds a denture longer and more securely.

Help your patients to feel more confident from the very start. Give them FASTEETH, the soothing, cooling denture powder . . . that holds more comfortably as well as more firmly!

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"sore spots," enunciation, etc. Includes illustrated pages showing how mouth tissues change, and the importance of periodic visits to the dentist to have dentures readapted. It will help make your denture service easier and more profitable.

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HYII

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Street

City..... State....



Acrylics in Aircraft: Transparent PLEXICLAS cockpit enclosures on Bell "Aircuda"

WHAT IS AN ACRYLIC?

What is an acrylic? To the dentist, it is an amazing new denture material which, overnight, has supplanted other materials used for generations.

To the aircraft manufacturer, it is a tough, lightweight, shatterproof, "organic glass" which has made possible streamlined, transparent bomber noses, gun turrets and windows.

To the tanner, it is an emulsion making possible flexible finishes for fine leather.

To the paint chemist, it is a so-

lution especially suited to clear and pure white coatings which are hard, tough, resistant to chemicals, and impervious to odors.

To men in many other industries, it is a highly specialized material meeting the requirements of a highly specialized job.

DATES FROM 1901

This diversified development of the acrylics stems from the research of Dr. Otto Rohm, one of the founders of the Rohm & Haas Company. His doctorate thesis, published in 1901, was the basis of further research in his laboratory which resulted in the first large-scale production of acrylics in 1927, when Rohm & Haas introduced PLEXIGUM, an adhesive for laminated safety glass.

Since that time, Rohm & Hass has maintained its leadership in this field by developing and manu-

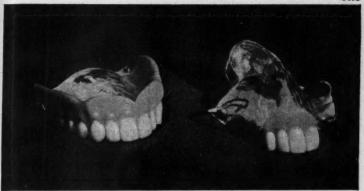
 The first in a series of advertisements about acrylic resins, their chemistry and varied uses by the Rohm & Haas Company, Inc., pioneers in the development of acrylic resins and manufacturers of Vernonite and Crystolex, the original acrylic denture materials. facti emu teria pow othe cour

The eral teria plast man grou nolic lulos

VERM for the Haas Compacture either

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Acrylics in Dentistry: VERNONITE and CRYSTOLEX denture and obturator

facturing acrylics in the form of emulsions, solutions, denture material, sheets, rods, and molding powders. Du Pont is the only other producer of acrylics in this country.

UNIQUE PROPERTIES

The acrylics comprise one of several basic groups of synthetic materials known to the layman as plastics and familiar to him in many applications. The different groups of plastics—such as phenolics, ureas, cellulose nitrate, cellulose acetate, vinyls, styrene, etc.

—compete with each other in many fields. Each, however, has its own unique combination of properties which gives it definite advantages for certain other uses.

While the acrylics differ in some respects from each other, they are, as a group, unequaled by any other organic material in permanent colorless transparency, permanent dimensional stability and resistance to most chemicals. And where this unique combination of properties is imperative, as it is in dentures, the acrylics have proved their definite superiority.

VERNONITE and CRYSTOLEX are the trade-marks, Reg. U. S. Pat. Office, for the only acrylic denture materials manufactured by the Rohm & Haas Company. VERNONITE is distributed by the Vernon-Benshoff Company, Pittsburgh, Pa., and CRYSTOLEX by the Kerr Dental Manufacturing Company, Detroit, Mich. Both materials are available in either powder and liquid or cake form and in clear or gum pink color.

ROHM & HAAS COMPANY, INC.

WASHINGTON SQUARE, PHILADELPHIA, PA.



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KELLY'S PASTE

JOINS THE LEE SMITH FAMILY OF FINE **DENTAL PRODUCTS**

Because . . . Kelly's Paste pioneered and has always led the field of zinc oxideeugenol impression materials, and because . . . the Lee Smith company has
always sought to further the use of superior
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the Son Manufactur Co. should take over the United States distribution of Dr. Kelly's Impression Paste. Kelly's Paste will remain the same Paste. Kelly's Paste will remain the same high quality impression material that has opened up new horizons of accuracy and fit for the prosthodontist. Only the method of distribution will be changed to make the advantages of Kelly's Paste available to more dentists. You may obtain Kelly's Paste from any reputable dealer.



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FLUORESCENT LIGHT \$14.50 (Complete with 2 lamps)

New high efficiency illumination is now available at amazing low cost with the Bendick Fluorescent Light, It is indoor "daylight" for the dentist in office or laboratory, at all times.

Fluorescent lights are ideal for color matching and color identification. They are 50% cooler than ordinary lights, The Bendick has two 15-watt lights which are equal to two 60-watt ordinary lights.

Bendick Lights are ready to plug into your cluster or any other light socket, Ask your dealer,

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160 ELSIE BUILDING

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SPECIALTY PRODUCTS COMPANY 429 Bourbon St.

sample, it will convince you.



Trubyte New Hue Teeth Have Controlled Fluorescence!

What is Fluorescence?

It is the power of teeth to absorb light from their surroundings, to combine with that light and to return an appearance of brilliance and vitality.

What Does Controlled Fluorescence Mean?

Controlled Fluorescence means that:

- I—The skilled scientists of The Dentists' Supply Company of New York have determined the exact amount of each of the ingredients necessary to produce the most desirable degree of fluorescence in teeth.
- 2—The formula from which Trubyte New Hue Teeth are made contains the proper balance of fluorescent ingredients to give the appearance of vitality and brilliance found in the finest natural teeth.

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Are as Light-Adapting as Natural Teeth





Part of the Chemical Research Laboratory of The Dentists' Supply Company, where most of the greatest advances in dental porcelain chemistry have been developed.

THE DENTISTS' SUPPLY COMPANY OF NEW YORK



Lactona Tooth-Tip Toothbrushes, with Nylon bristling filaments are now available. They are offered in two bristle textures . . . hard and medium . . . with the standard LACTONA tapered trim, especially adapted for inter-dental tooth-brushing technique.

LACTONA Brushes—in both Natural and Nylon bristles are distinguished by 2 rows of widely spaced bristle knots . . . and the special Lactona Tooth-Tip.

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This offer at 20c per brush, to cover cost of mailing, handling, etc., limited to 2 brushes to each dentist, Lactona Brushes with Nylon Bristle, are available in two textures, hard and medium. Be sure to indicate preference.

☐ Hard ☐ Medium

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Be sure to specify bristle texture. This special trial offer limited to registered dentists only.

FROM YOU TO YOUR PATIENTS An Attractive USEFUL Christmas



able in medium white bristle only. Packed in individual cellophane en-

velopes, three dozen to a box. If desired, brushes will be especially imprinted with the doctor's name

on the reverse side of the handle, Complete Information and Special Order Blank sent upon request.



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TWO DOZEN REGULAR ADULT BRUSHES FOR \$6.00 MINIMUM ORDER—TWO DOZEN BRUSHES

Trim, compact brush head.



Special handle finish. Every edge and handle surface rounded and

OFFER EXPIRES DEC. 31, 1940 New, durable Tooth-Tip for cleansing and stimulation of interproximal tissue.

Brushes on Offer No. 2 packed in professional cartons sealed in cellophane. Choice of any of seven bristle textures.

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stamp out the <u>unsterilized handpiece</u>

Field Tests' show millions of bacteria being transmitted from mouth to mouth

The only way to sterilize your straight handpiece is by using

STERO-OIL

It's so easy. Just run your handpiece in a bottle of STERO-OIL for one minute after use on each patient. STERO-OIL sterilizes, cleans and lubricates all in one simple, quick operation. Your dealer has STERO-OIL. You need it to stop conveying harmful bacteria from mouth to mouth!

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TRU-CHROME LINGUAL BARS are anatomically designed to fit the contour of the lower arch. They have a flat split hook retention and this long, flat design makes the bars easily comfortable to saddle ridges.

TRU-CHROME UNIVERSAL CLASPS are designed with off-set occlusal rest so that it is possible to use them on left or right sides of upper or lower teeth. Tru-Chrome products excel through extreme strength and flexibility; yet are light in weight and retain the-highest

polish.

Write for complete information and price list on Tru-Chrome Prosthetic and Orthodontic Materials.

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Just a paper cup. A simple fraction-of-a-cent paper cup... Yet to your patient it is an outward manifestation of your thoughtfulness that speaks louder than any words. To him or her it is, even more than the laundry-fresh towel, a personal attention of direct significance: "No lips but yours have ever touched this cup"... For such a service the

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gives your patients a more effective oral hygiene powder and dentifrice

Your use of Puretest Flavored Sodium Perborate in your own office and your recommendation for its home use tend to increase patient-satisfaction — a point to be considered in

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Puretest Flavored Sodium Perborate will please your patients because of its effectiveness as well as its low price. You can recommend it, knowing that it differs from some other flavored sodium perborates in that it has a much higher percentage of Sodium Perborate (approximately 99% of U. S. P. purity and strength with addition of pleasant-tasting ingredients) and has,



therefore, a greater antiseptic action because it liberates approximately 9% oxygen in the presence of moisture. Dentists everywhere use Puretest Flavored Sodium Perborate and recommend it to their patients as an efficient antiseptic mouth wash as well as a dentifrice to be used at regular intervals in connection with a good tooth powder or paste.

Puretest Flavored Sodium Perborate is available only at the thousands of Rexall Drug Stores throughout the United States. Liggettand Owl Stores are also Rexall Stores.

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THE inherently greater resilience of platinum-palladiumgolds holds partials comfortably in alignment without extreme rigidity which has a tendency to damage abutment teeth.

Increased strength of these precious metal alloys enables you to use fewer pennyweights of metal. Thus your restorations are lighter in weight and less bulky...yet fully safeguarded against breakage.

Casting and wrought platinumpalladium-golds are readily available to you under many nationally known trade names. There is an alloy to meet strength requirements of every type of restoration.

Platinum Metals Division
THE INTERNATIONAL NICKEL COMPANY, INC.
67 Wall Street, New York, N. Y.



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HOW TO GET A DENSENE SAMPLE DENTURE-FREE

You will receive a Densene Sample Certificate enclosed with each unit of Densene or with each full Densene Denture made for you by your laboratory. When you have accumulated 12 of these certificates (or if you want your sample immediately order 12 Densene units from your dealer at one time) mail them to Cosmos Dental Products, Inc., 49 W. 45th Street, New York City and a Densene acrylic resin all-pink full denture will be sent you, without charge.

The Densene Sample Denture is a replica of a practical case. It is fully carved and finished, illustrating beautifully the life-like appearance of Densene. The sample denture will be supplied with your own choice of any of following teeth: 1. Justi Vitalux. 2. Myerson's Trublend. 3. Trubyte New Hue. 4. Universal Verichrome. Be sure to specify brand of teeth when ordering.

THE ACRYLIC RESIN DENTURE MATERIAL MATERIAL

ESAMPLE DENTURE!



FOR OFFICE DEMONSTRATION: A good

picture is worth a thousand words. Since it is fairly difficult to describe the unusually attractive appearance of Densene, a sample denture offers an opportunity to illustrate its "alive" appearance convincingly for your patients. At the same time, they can actually feel its "feather weight" and know as you do, that Densene is odorless and tasteless . . . readily understand why these beautiful dentures are so easy to clean and keep clean.

In comparison with dentures made of less modern materials, the sheer beauty of the Densene Demonstration Case emphatically, points out the appealing advantages of Densene and makes verbal explanation entirely unnecessary.

You'll find the Densene Sample Denture a definite asset in your office. Save the Sample Certificates and get yours without delay.





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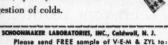
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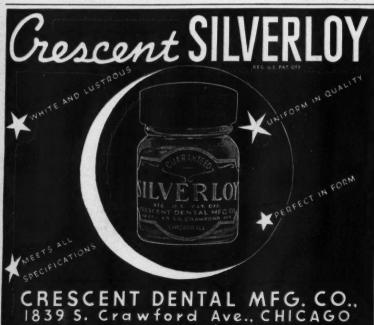
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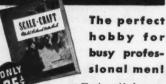
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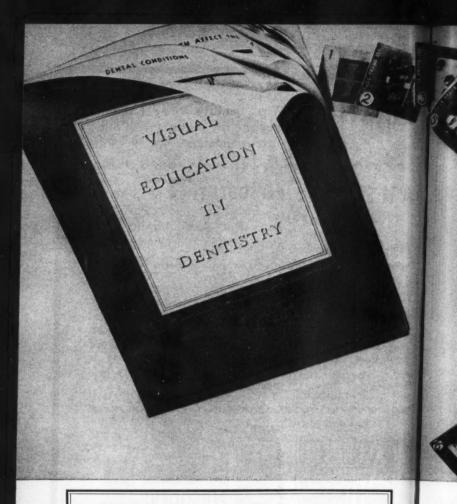
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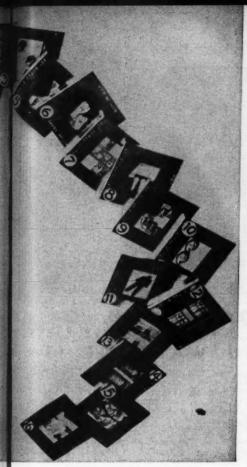
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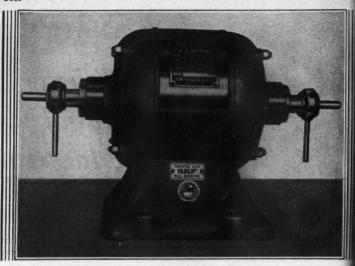
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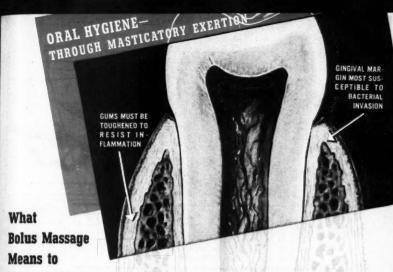
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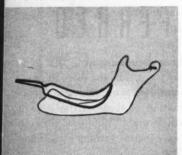
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CANNED FOODS AS SOURCES OF THE ESSENTIAL NUTRIENTS

Early in this century, the existence of "accessory food factors"-the vitamins -was demonstrated by animal experiments (1, 2). Since that time, building upon information established by earlier investigators regarding the calorie, protein, and mineral needs of man, contemporary workers have developed a practical and fairly complete working knowledge of nutrition. At the present time, the fundamental human dietary require-ments are considered in terms of some thirty substances of known chemical composition plus a number of factors whose chemical natures still await determination (3). Likewise, the dietary values of foods also may be discussed in terms of these same essential nutrients.

Viewed from a physiological basis, nutritional failures appear to be conditioned either by consumption of a diet deficient with respect to certain of the essential food factors or to altered processes in metabolism which prevent the efficient absorption and utilization of foods (1). Failures of the latter type can be corrected only by elimination of the defects in metabolism, or by administration of nutrients by routes which permit utilization. However, the vast majority of nutritional failures are associated with the consumption of diets deficient with respect to essential food factors. In the following quotation, the facts regarding malnutrition resulting from faulty diet are concisely stated (1):

"Three facts concerning nutritive failure are becoming increasingly obvious: first, that it does not come solely from lack of

vitamins but from deficiency of proteins and minerals as well; in certain of the lower animals, it comes even from lack of fats; second, that in America it is seldom complete; and third, that it is not, as a rule, the expression of a single nutritive fault. More often it is partial in extent and multiple in nature, with a clinical picture that is correspondingly lacking in detail and hazy in outline.

Although nutritional diseases are manifestations of the prolonged consumption of diets deficient with respect to amino acids, minerals, and vitamins, students of the problem agree (2, 4, 5, 6) that elimination of malnutrition is primarily a problem of increasing the variety of foods regularly eaten. Special emphasis should be placed upon the judicious consumption of familiar foods such as meats, (including glandular organs, poultry, sea food, and fish); eggs; milk in its many forms; milk products; fruits and vegetables; legumes; and the whole cereals and their various products. Thus, in its practical application (7), nutrition may be viewed as "an economic, agricultural, industrial and commercial problem, as well as a problem in physiology.'

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- 5. 1939. U. S. Dept. Agri. Circular No. 507.
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 1935. Quart. Bull. Health Organ. League
- of Nations 4, 326. 8. 1939. Canned Food Reference Manual. American Can Company, New York.

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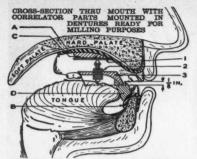
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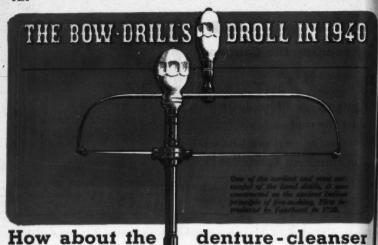
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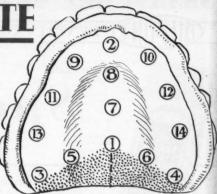




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